

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09 / 674978		FILING DATE									
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	61						57					
8	16						58					
9	①						59					
10	1④						60					
11	⑤1						61					
12	1④						62					
13	6						63					
14	6						64					
15	6						65					
16	6						66					
17	6						67					
18	6						68					
19	6						69					
20	6						70					
21	6						71					
22	4						72					
23	④6						73					
24	6						74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87		1			
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	(6)						TOTAL IND.					
TOTAL DEP.	77	↔	↔	↔			TOTAL DEP.					
TOTAL CLAIMS	83						TOTAL CLAIMS					

BEST AVAILABLE COPY